

Monroe County Early Intervention Program

**Request for IFSP Change - Part A**

Child Name \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_  
OSC \_\_\_\_\_ Agency \_\_\_\_\_ EIOD \_\_\_\_\_  
Requesting Provider \_\_\_\_\_ Disc \_\_\_\_\_ Agency name/Ind. \_\_\_\_\_

**Requested Change:** (include duration)

---

---

**Reason for Change** (answer all questions)

1. How long have you been providing services to the child/family, and at what frequency?

---

2. What other services, at what frequency, and the location (home, facility-based, childcare?) is the child/family receiving services?

---

---

3. What are the child's areas and levels of need? Is this based on informed clinical opinion or testing? Are there global delays or a diagnosis?

---

---

4. What skills has the child gained since services started?

---

---

5. Which IFSP Outcome(s) (*identified by the family*) will this request for change address?

---

---

6. Please give an example of how you have worked with the parent/caregiver to generalize strategies to daily routines.

---

---

a.) Which strategies have been successful?

---

---

b.) Which strategies have not been successful and why? \_\_\_\_\_

---

---

7. How successful has the family been in implementing these strategies? For example, attendance, parent/caregiver level of participation in the visit, etc.

---

---

Monroe County Early Intervention Program

8. What problem solving has occurred with other IFSP team members?

---

---

9. What steps have you taken with your supervisor, mentor, or colleague to problem-solve and/or discuss this proposed change?

---

---

10. How do you think the recommended change will affect the child's development and progress toward the goal?

---

---

11. What other factors are impacting the child's progress?

---

---

12. Additional Comments/Information:

---

---

---

**Provider, attach additional supporting documentation such as:**

- Program Review
- Quarterly Report
- Progress notes
- Supplement Eval
- CORE Eval
- Request for IFSP Change -Part B (if requesting a group)

\_\_\_\_\_  
Signature of person completing Part A

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**Service Coordinator to complete:**

Agree  Disagree Please explain.

---

---

\_\_\_\_\_  
Signature of Service Coordinator

\_\_\_\_\_  
Date

**EIOD to Complete:**

Approved  Not Approved Rationale:

---

---

\_\_\_\_\_  
EIOD Signature

\_\_\_\_\_  
Date

Date OSC is informed of EIOD decision: \_\_\_\_\_

Date OSC notified the provider: \_\_\_\_\_